



SAFETY ASSESSMENT PROGRAM EVALUATOR REGISTRATION FORM

(Please Print)



PHOTOGRAPH IDENTIFICATION NUMBER _____

TRAINING DATE	TYPE OF REGISTRATION (<i>CHOOSE ONE DISASTER SERVICE WORKER</i>)	SPECIALTY
	DSW-State <input type="checkbox"/> Caltrans <input type="checkbox"/> DOC <input type="checkbox"/> DGS <input type="checkbox"/> DWR <input type="checkbox"/> HCD <input type="checkbox"/> OSHPD <input type="checkbox"/> CA State Univ. <input type="checkbox"/> UC <input type="checkbox"/> Other Agency _____	<input type="checkbox"/> Building Inspector <input type="checkbox"/> Architect <input type="checkbox"/> Civil Engineer <input type="checkbox"/> Geologist <input type="checkbox"/> Geotechnical Eng. <input type="checkbox"/> Code Enf. <input type="checkbox"/> Structural Eng. <input type="checkbox"/> Eng. Geologist <input type="checkbox"/> General Contractor <input type="checkbox"/> Other _____
PREVIOUS DSW SAP EVALUATOR REGISTRATION?	DSW-Local <input type="checkbox"/> CALBO (Local Government only) Jurisdiction _____	
Yes <input type="checkbox"/> # _____ No <input type="checkbox"/>	DSW-Volunteer <input type="checkbox"/> SEAOC <input type="checkbox"/> ASCE <input type="checkbox"/> ACIA <input type="checkbox"/> AIA <input type="checkbox"/> Other _____	

PROFESSIONAL LICENSE/CERTIFICATE	LICENSE/CERTIFICATE EXPIRATION DATE	SAP
# <input type="checkbox"/> None		<input type="checkbox"/> Evaluator Trainer <input type="checkbox"/> Refresher

NAME (AS YOU WANT IT TO APPEAR ON THE CARD. "MI" WILL NOT BE ON THE CARD.)

Mr. Last First MI
Ms.

MAILING ADDRESS

Number	Street	City	County	State	Zip
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TELEPHONE NUMBERS

Residence	Business	Other (Pager, Cell, etc.)
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EMAIL ADDRESS	
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GOVERNMENT CODE §3108-§3109:

Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.

LOYALTY OATH OR AFFIRMATION (GOVERNMENT CODE §3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of
PRINT LEGAL NAME
the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

DATE SIGNATURE AUTHORIZED STATE OES EMPLOYEE

TO BE COMPLETED BY THE INSTRUCTOR

THIS INDIVIDUAL PARTICIPATED IN THE SAFETY ASSESSMENT PROGRAM EVALUATOR TRAINING, UTILIZING STATE-CERTIFIED TRAINING MATERIALS AND PRESENTATIONS, AND MEETS CURRENT PROGRAM STANDARDS ESTABLISHED BY THE GOVERNOR'S OFFICE OF EMERGENCY SERVICES.

INSTRUCTOR'S SIGNATURE _____

FOR OES USE ONLY

DATE RECEIVED _____	DATE LETTER SENT _____
LICENSE/CERTIFICATE VERIFIED <input type="checkbox"/> _____	DATABASE UPDATED <input type="checkbox"/> _____
CERTIFICATE ISSUED <input type="checkbox"/> _____	DATE COMPLETED _____
CARD NUMBER <u>SAP</u> _____	
CARD EXPIRATION _____	CERTIFIED TRAINER: EVALUATOR <input type="checkbox"/> COORDINATOR <input type="checkbox"/>

Please complete each section of this form. Please print legibly. Giving complete information will speed up the registration process.

Photograph Identification – Photos have to be in digital format (i.e., jpeg). Resolution is not important due to the size of the picture needed for the ID card. However, using a light background is very important this will help with the quality of the picture. Double check photos after taking them to make sure they are in focus and have good lighting. If a person is wearing glasses, please ask them to remove them, or turn off the flash so there is no glare. Before sending pictures please name each photo with the “last name,” (space), “first name” (e.g., Smith Jane.jpeg, Clark-Jr David.jpeg).

Training Date – Write in the training date.

Previous SAP Registration – If you already have a Disaster Service Worker (DSW) registration card, please let us know and provide the number.

Type of Registration – Please choose **ONE DSW** only. This will determine what type of volunteer card you will receive. If one or more of these applies to your situation, we advise you choose the one that will pay your salary in the event of an emergency (e.g. state or local government employee could be paid by the agency or jurisdiction.)

- **DSW-State** – Please mark this box if you are employed by a State agency. Please specify which department by marking the corresponding box, or filling it in on the line provided.
- **DSW-Local** – Please mark this box only if you are employed by any local government agency.
- **DSW-Volunteer** – Please mark these boxes if you are not employed by any state, or local government, please specify which professional organization you belong to; you must make ONE selection only. If other, please identify. Your name will be provided to one of the professional organizations. That organization will be responsible for keeping your information current and for callouts for individuals.

SAP-Evaluator Trainer & Refresher – Choose the Evaluator Trainer box ONLY if you are attending a Train-the-trainer course held by CA OES. This selection is independent of the DSW selection above. Choose the Refresher box ONLY if you are renewing your license by taking the short refresher course. This requires previously being registered with a card issued after July 2002.

Specialty – Select all that apply. This will help us verify what type of license/certificate you have. If multiple specialties are marked, please note that the highest-level license will be identified on your DSW card (e.g. structural engineer will be used if structural & civil engineer are marked).

Professional License/Certificate # - List all license or certificate numbers that correspond with the specialties indicated. Please write these items legibly, this will help us with the verification process. If you are not certified, please mark the “None” box. If you are a licensed engineer or architect in the State of California, the information on this form is sufficient. However, all certified building inspectors must provide a copy of their current applicable certificates.

License/Certificate Expiration Date – List all expiration dates for all licenses indicated. It is important that we are able to verify a current license or certificate.

Name – Please provide your name, as you want it displayed on the DSW card.

Mailing Address – Where you would like your card and any other information regarding the SAP program mailed to you.

Telephone Numbers – In case of deployment, please provide the numbers that are best to contact you, including any alternate numbers (i.e. cell phone and pager, etc.).

Email Address – This information will be used for updates regarding the SAP program, and as an alternate means of contact in case of deployment.

Loyalty Oath – VERY IMPORTANT! Please print your full name, read and sign.

Instructors – After each course, an OES certified trainer that was present at the training session must sign to certify the statement.

Please do not write in the area identified as “For OES use only”.

All the information on this form is required. Any information not provided will result in delays in the issuance of the DSW registration cards. If all information is provided with clear digital pictures, OES will process the DSW cards within 2-3 weeks of receipt of the registration package from the professional organization conducting the training.

Once again, OES would like to thank you for participating in the SAP Evaluator Training. This program is vital in the aftermath of any type of disaster. Your participation is invaluable.